

Guidance for Hospital Response to Carbapenem-Resistant *Enterobacteriaceae* (CRE)

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Hospitals should consider implementing the following prevention measures based on the number of CRE colonized- or infected-patients reported:

None or Rarely Detected (e.g., 1 case per month or less)

- Review preceding 6-12 months of microbiology records to detect previously unrecognized CRE cases.
- If review identifies previously unrecognized CRE cases, perform point prevalence survey in high-risk units to identify CRE cases (e.g., units where previously unrecognized cases were identified, ICU, and units with high antimicrobial utility).
- Conduct surveillance testing of patients with epidemiologic links to previously unrecognized CRE cases (e.g., patients in same unit or who were provided care by same healthcare personnel).

Periodically Detected (e.g., 2-3 cases per month)

- Conduct surveillance testing of patients with epidemiologic links to previously unrecognized CRE cases.
- If repeated rounds of surveillance testing show no evidence of transmission, consider shifting the surveillance strategy to periodic point prevalence survey in high-risk units (e.g., units where previously unrecognized cases were identified, ICU, and units with high antimicrobial utility).

Endemic

Implement one or more of the interventions described in the Tier 2 recommendations of the 2006 "Guidelines for Management of Multidrug-Resistant Organisms in Healthcare Setting".* These interventions may include:

- Implement preemptive Contact Precautions (CP) for all patients admitted from settings/facilities with high prevalence of CRE or with risk factors for CRE until surveillance cultures are negative.
- Conduct serial (e.g., weekly) unit-specific point prevalence culture surveys of CRE to assess efficacy of intensified control interventions.
- Monitor cleaning performance to ensure consistent environmental cleaning and disinfection of surfaces frequently touched by patients and healthcare personnel (e.g., bedrails, tray table, etc.).

If CRE rates do not decrease, implement additional interventions as needed to reduce and eliminate transmission.

All hospitals should consider implementing the following prevention measures regardless of their CRE prevalence:

- Place all CRE colonized- or infected-patients on CP.
- Place all CRE colonized- or infected-patients in single-patient rooms when possible.
- Conduct active surveillance testing of patients with epidemiologic links to previously unrecognized CRE cases, especially those patients who are not in CP for another reason and thus may be contributing to further transmission.
- Ensure a mechanism is in place for microbiology laboratory to alert infection prevention staff immediately whenever a CRE isolate is identified.

* <http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf>